

# October 31, 2014 CDC Ebola Response Update

*[Announcer] This program is presented by the Centers for Disease Control and Prevention.*

On October 27, 2014, CDC revised recommendations on the monitoring and movement of persons potentially exposed to the Ebola virus. The recommendations for people with a known risk for Ebola, such as travel to West Africa, *and* who are showing symptoms of the disease have not changed, as Dr. Tom Frieden, Director of the Centers for Disease Control and Prevention, explains.

*For that situation there is immediate isolation and protection, and then tracing of their contacts. So anyone who has symptoms of Ebola, until they rule out, they would be isolated in a facility where they could be cared for without risking infection of their care givers.*

If persons *do not* have symptoms of Ebola, CDC recommends an evaluation based on risk factors and clinical symptoms. People who fall into the “high risk” category are those who don’t have symptoms but have a known exposure to the Ebola virus, such as a needle stick from an infected patient. These people should have direct active monitoring for 21 days after their last exposure. This means a public health official directly observes whether symptoms are there by checking their temperature and discussing other Ebola signs, like fatigue, diarrhea, and vomiting. These people should also have restricted movement in the community.

*They wouldn't be going on public conveyances, planes, trains, buses, they wouldn't go to public places, shopping centers and movie theaters, they wouldn't go to congregate gatherings or workplaces, although of course they could telework. If people want to travel, that would have to be done by non-commercial conveyance, such as a car. It would have to be coordinated with the public health authority at both the origin and the destination so that there would be uninterrupted direct active monitoring.*

People who fall into the “some” risk category include health care workers without symptoms returning from West Africa or those who shared a household with a diagnosed Ebola patient. These people should also have direct active monitoring for 21 days after the last exposure. Public health authorities may consider other restrictions needed by evaluating the person’s situation. Factors that may be considered include frequent direct contact with Ebola patients and where a person is in their 21-day incubation period.

People who fall into the “low but not zero” risk category include those without symptoms who traveled to West Africa but had no known exposure to the virus. Also, health care workers in the United States who cared for Ebola patients while wearing personal protective equipment. These people should be actively monitored for 21 days after their last exposure. This means reporting their temperature daily to a public health official, and discussing whether they are experiencing any symptoms of Ebola. These individuals do *not* need to be separated from others or have their movements restricted.

Finally, people in the “no identifiable risk” category do not need monitoring or restrictions. This includes people who had contact with a person diagnosed with Ebola *before* the person developed symptoms.

Dr. Frieden explains that the guidelines offer protection for Americans in the United States and those serving in West Africa.

*They increase the level of protection of the health and safety of Americans which is our first and foremost priority, while at the same time, protecting those who are doing the heroic work of protecting us from Ebola as they fight it on the shores of Africa, as well.*

[Announcer] For the most accurate health information, visit [www.cdc.gov](http://www.cdc.gov) or call 1-800-CDC-INFO.